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TELECOPY COVER SHEET

Equipment Operator Contact Number: 617-248-7462. Please call if you do not receive all the pages.

Date: June 21, 2000**TO: Name: Examiner David Spector****Company: U.S. Patent Office****Address: Washington DC 20231****Telephone: 703 305-1521****Fax: 703 308-7722**

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FROM: Sender: William G. Guerin (617) 248-7074**Number of Pages *INCLUDING* This Cover Sheet:****Client: 5473/112 MIT-106
U.S. Serial No. 09/274,601****Comments:****UNOFFICIAL COMMUNICATION****PLEASE HAND DELIVER TO EXAMINER DAVID SPECTOR****1020708**

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Sent by _____ Date Sent _____ Time Sent _____

PATENT
Atty. Docket No. MIT-106
(5473/112)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Michael Mermelstein
SERIAL NO.: 09/274,601 GROUP NO.: 2878
FILING DATE: March 23, 1999 EXAMINER David Spector
TITLE: OPTICAL SYNTHETIC APERTURE ARRAY

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence and any document(s) referred to as attached hereto, is/are being transmitted to Examiner David Spector, United States Patent and Trademark Office, Facsimile No. (703) 308-7722 on June 21, 2000.


Catherine M. O'Leary

Attached hereto is/are:

- (1) Fax Cover Sheet (1 pg.);
- (2) Fee Transmittal (1 pg.);
- (2) Certificate of Facsimile Transmission (1 pg); and
- (3) Preliminary Amendment (5 pg.).

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FEE TRANSMITTAL

Note: Effective January 10, 2000,
Patent fees are subject to annual revision

Complete if Known

Application Serial Number	09/274,601
Filing Date	March 23, 1999
First Named Inventor	Michael Mermelstein
Group Art Unit	2878
Examiner Name	David Spector
Attorney Docket No.	MIT-106

METHOD OF PAYMENT

1. ☐ Payment Enclosed;
☐ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531.
☒ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☐ Overpayment Credit.

FEE CALCULATION**1. FILING FEE**

Large Entity Fee (\$)	Fee Description	Fee Paid
690	Utility filing fee	
310	Design filing fee	
150	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =	x \$ 18.00 =	

Independent Claims	- 3 =	x \$ 78.00 =	
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☐ Multiple Dependent Claim(s), if any \$260.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$)

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total 22	- 21 =		x \$ 18.00 =	18.00
Indep. 3	- 3 =		x \$ 78.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$260.00 =	

TOTAL: (\$18.00)

SMALL ENTITY DISCOUNT: (\$9.00)

SUBTOTAL (2) (\$9.00)

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	
380	190	Extension for reply within second month	
870	435	Extension for reply within third month	
1,360	680	Extension for reply within fourth month	
1,850	925	Extension for reply within fifth month	
300	150	Notice of Appeal	
300	150	Filing a brief in support of an appeal	
260	130	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional applications	
240	240	Submission of Information Disclosure Statement (37 CFR 1.97(c))	
130	130	Submission of Information Disclosure Statement (37 CFR 1.97(d))	
690	345	Filing a submission after final rejection (37 CFR 1.129(a))	
690	345	For each additional invention to be examined (37 CFR 1.129(b))	
		Other (Specify)	

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SUBTOTAL (3) (\$)

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SUBTOTAL (1) 9.00

SUBTOTAL (2)

SUBTOTAL (3)

TOTAL (\$ 9.00)

CORRESPONDENCE ADDRESS

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SIGNATURE BLOCK

Respectfully submitted,

Date: June 21, 2000
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